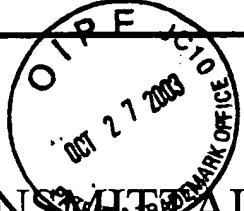


10-29-03

Express Mail Label No. EL988703955US

Z182

**TRANSMITTAL
FORM**



Application Serial Number	09/742,989
Filing Date	December 20, 2000
First Named Inventor	Somers
Group Art Unit	2182
Examiner Name	Patel
Attorney Docket No.	SRT-009 Technology Center 2100
Patent No.	Not applicable
Issue Date	Not applicable

RECEIVED

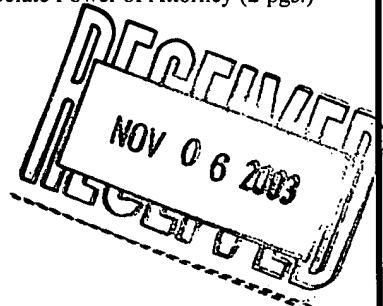
OCT 31 2003

Technology Center 2100

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] 	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
	<input type="checkbox"/> CD(s) for large table or computer program	
	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction (in duplicate) 	

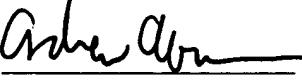
Associate Power of Attorney (2 pgs.)

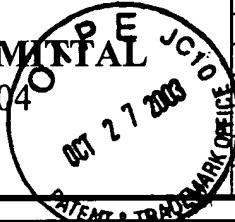
**CORRESPONDENCE ADDRESS****SIGNATURE BLOCK**

Direct all correspondence to: Patent Administrator
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110
 Tel. No.: (617) 248-7000
 Fax No.: (617) 248-7100

Date: October 27, 2003
 Reg. No. 52,538
 Tel. No.: (617) 248-7506
 Fax No.: (617) 248-7100

Respectfully submitted,


 Andrew F. Abramson
 Attorney for Applicant(s)
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110

FEE TRANSMITTAL
FY 2004


Complete if Known

RECEIVED

Application Serial Number	09/742,989
Filing Date	December 20, 2000
First Named Inventor	Somers
Group Art Unit	2182
Examiner Name	Patel
Attorney Docket No.	SRT-009

OCT 31 2003
Technology Center 2100**METHOD OF PAYMENT**

1. Payment Enclosed:
 Check Money Order Other

2. The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.
 Required Fees (copy of this sheet enclosed).
 Additional fee required under 37 CFR 1.16 and 1.17.
 Overpayment Credit.

3. Applicant claims small entity status.

FEE CALCULATION**1. FILING FEE**

Large Entity

Fee (\$)	Fee Description	Fee Paid
770	Utility filing fee	
340	Design filing fee	
160	Provisional filing fee	

	Number Filed	Number Extra	Rate	Amount
Total Claims	- 20 =		x \$ 18.00 =	
Independent Claims	- 3 =		x \$ 86.00 =	
<input type="checkbox"/> Multiple Dependent Claim(s), if any			\$290.00 =	
TOTAL:				

SMALL ENTITY DISCOUNT:
SUBTOTAL (1) (\$) **0.00**
2. AMENDMENT CLAIM FEES

Claims	Highest No.	Present	Rate	Fee Paid
Remaining	Previously	Extra		
After Amend.	Paid For			
Total	-	=	x \$ 18.00 =	
Indep.	-	=	x \$ 86.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$290.00 =	
TOTAL:				

SMALL ENTITY DISCOUNT:
SUBTOTAL (2) (\$) **0.00**
SUBTOTAL (3) (\$) **290.00****SUBTOTAL (1) (\$)** **0.00****SUBTOTAL (2) (\$)** **0.00****SUBTOTAL (3) (\$)** **290.00****TOTAL (\$)** **290.00****CORRESPONDENCE ADDRESS**

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SIGNATURE BLOCK

Respectfully submitted,

 Andrew F. Abramson
 Attorney for the Applicants
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower-125 High Street
 Boston, MA 02110